

### **SAMPLE DISTRIBUTION PERMIT**

FEE: \$30.00  
NUMBER \_\_\_\_\_

This PERMIT shall be retained in your  
records for five (5) years from date of issue:

#### **KANSAS STATE BOARD OF PHARMACY CERTIFIES THAT**

\_\_\_\_\_ has complied with the  
PHARMACY ACT providing for the registration of a SAMPLE DISTRIBUTION PERMIT in  
the state of Kansas as defined in KSA 65-1643 to distribute samples of  
\_\_\_\_\_ (name of drug)

under the name: \_\_\_\_\_

\_\_\_\_\_  
NAME (COMPANY)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

From this ISSUE DATE \_\_\_\_\_ and shall be in effect and valid until June 30,  
\_\_\_\_\_ following the date of permit issuance. Additional sample distribution dates and/or  
change from the above-referenced drug samples must be communicated in writing to the Kansas  
Board of Pharmacy office at the above address.

Name of Authorized agent and title of person making this application:

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

Issued by: \_\_\_\_\_

\_\_\_\_\_  
Executive Secretary

(SEAL)

Copy of this Permit will be returned for your records.